

Children's Systems of Care (CSOC)

2003-2004 Data Dictionary

for the

Interagency Enrollee-Based Program (IEBP)

Table of Contents

	Page
<i>Administrative Data</i> _____	3
<i>Appendix A: County Codes</i> _____	4
<i>Appendix B: Explanation of Data File Export Format</i> _____	5
<i>Appendix C: Information Technology Web Services (ITWS)</i> _____	6

For more information visit the DMH Children's System's of Care Web Page at:

<http://www.dmh.ca.gov/SpecialPrograms/child-overview.asp>

Interagency Enrollee-Based Program Data

ENROLLEE.txt

Field Name	Type	Column Position		Width	Description	Format/Coding
		Start	End			
ADMINISTRATIVE DATA						
COUNTYID	text	1	2	2	County identifier (i.e., county code) <i>county/city submitting record</i>	01 - 66 See Appendix A for codes
CCN	text	3	11	9	County client number (<i>CS/ equivalent</i>)	9 character field Right justify, use left leading zeros See Appendix B for examples
FSTNAME	text	12	26	15	Child/Youth's First Name	A-Z
LSTNAME	text	27	46	20	Child/Youth's Last Name	A-Z
DOB	text	47	54	8	Child/Youth's Date of Birth	mmddyyyy (<i>leading zeros; no placeholders</i>) See Appendix B for examples
GENDER	text	55	55	1	Child/Youth's Gender	F = Female M = Male O = Other 9 = Unknown / Missing
ENROLL	text	56	63	8	Child/Youth's Date of CSOC Enrollment	mmddyyyy (<i>leading zeros; no placeholders</i>) See Appendix B for examples
DISENROL	text	64	71	8	Child/Youth's Date of CSOC Disenrollment (<i>if applicable</i>)	mmddyyyy (<i>leading zeros; no placeholders</i>) See Appendix B for examples

Appendix A: County Codes

Code	Name
01	Alameda
02	Alpine
03	Amador
04	Butte
05	Calaveras
06	Colusa
07	Contra Costa
08	Del Norte
09	El Dorado
10	Fresno
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
15	Kern
16	Kings
17	Lake
18	Lassen
19	Los Angeles
20	Madera
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
26	Mono
27	Monterey
28	Napa
29	Nevada
30	Orange

Code	Name
31	Placer
32	Plumas
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
46	Sierra
47	Siskiyou
48	Solano
49	Sonoma
50	Stanislaus
52	Tehama
53	Trinity
54	Tulare
55	Tuolumne
56	Ventura
57	Yolo
63	Sutter/Yuba
65	Berkeley City
66	Tri-City

Appendix B: Explanation of Data File Export Format

Data File Export Format

Counties using their own technology must convert their enrollee data to a standard export format before they are sent to the State (i.e., ASCII text - fixed width). The data must also be left-justified (i.e., a field value should start at the column position specified in the data dictionary and fill in the column spaces from left to right), with the exception of CCN (County Client Number) which is right-justified with leading zero's added to fill vacant columns in county client numbers with less than 9 characters. Below are a few example records which illustrate what the export format should look like.

	CCN (County Client Number)									DOB (Client Date of Birth)							
Column #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Consumer 1	0	0	Z	1	2	3	4	5	6	0	6	0	9	1	9	5	5
Consumer 2	9	8	7	6	5	4	3	2	1	1	1	1	7	1	9	6	0
Consumer 3	0	Y	7	6	5	4	3	2	1	0	0	0	0	1	9	5	5

CCN

Consumer 1 and *Consumer 3* have county client numbers which are seven and eight characters wide instead of the nine characters allocated in the Data Dictionary (county client number widths vary across counties). Notice that the field values are right-justified with leading zero's added to fill vacant columns in CCN's with less than 9 characters.

DOB*

Notice for *Consumer 1* and *Consumer 3* the date values in the Date of Birth columns (positions 10-17) are in the MMDDYYYY format, have leading zeros, and do *not* include placeholders. For example, for *Consumer 1* notice that columns numbered 10 and 11 (which indicate month) and columns numbered 12 and 13 (which indicate day) each have a leading zero. *Consumer 3* has an estimated year of birth and zeros for month and day of birth. This conforms to the CSI requirements regarding missing date of birth information.

When the complete date of birth is unknown, as much of the date as is known shall be reported. If nothing is known, estimate and report an approximate year of birth and use zeros for the month and day. If only the age in years is known, calculate the year of birth and use zeros for the month and day. If the year and month of birth are known, but the exact day of birth is not, report the year and month only, and use zeros for the day.

***Note: The DOB format also applies to the following fields: "ENROLL" and "DISENROL".**

Appendix C: Information Technology Web Services

The following information is for counties intending to collect enrollee data on their own (not using DMH provided technology options) and intending to upload their data (via internet) to DMH using the Information Technology Web Services (ITWS). The ITWS provides a secure environment for the transfer of confidential data. Counties will need to identify a single contact to upload their data. Counties that are not authorized to use this system will need to obtain authorization. To obtain authorization, please visit the DMH ITWS website at <http://www.dmh.ca.gov> and click on the “ITWS” menu option. At this site, you will find information on the function of the ITWS and how to begin enrollment. If you have any questions regarding the enrollment process for the ITWS, you may call the DMH ITWS Help Desk at (916) 654-3117.

Once the Enrollee text file is formatted according to the data dictionary specifications, the process for submission is as follows:

- All text files MUST be zipped.
- Zipped files do not need to be password encrypted since ITWS is a secure site.
- Zipped files MUST be named according to the following convention: IEBPccYYYYMM#SUBMITTAL.ZIP
 - ◆ IEBP = Interagency Enrollee-Based Program
 - ◆ cc = County code
 - ◆ YYYYMM = Four digit year and two digit month that data were due
 - ◆ # = Submittal sequence number (1 to 9). Each file with a new YYYYMM will have a submittal number of “1.” Anytime you have to resubmit this file during the same reporting period (most likely due to errors), the submittal number will increase by 1. The word “SUBMITTAL” must follow this number. For example, a file for the Interagency Enrollee-Based Data due on September 30, 2004 would be named: IEBP992004091SUBMITTAL.ZIP. If there is an error with this file and the file must be resubmitted with corrections, the new file will be named IEBP992004092SUBMITTAL.ZIP. You will notice the submittal number is now “2” since this is the second submission for the September 2004 deadline.

For technical questions related to the ITWS, please call the DMH ITWS Help Desk at (916) 654-3117.